

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Occupation						
Married, Single or Widowed	Name of Wife or Husband		Mintha Fowler			
Father's Name	Holcomb Brown				Father's Birthplace	Calvert Co.
Mother's Maiden Name	Lusk Brown				Mother's Birthplace	Calvert Co.
Name of person giving information					How related to deceased	

CAUSES OF DEATH

64

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

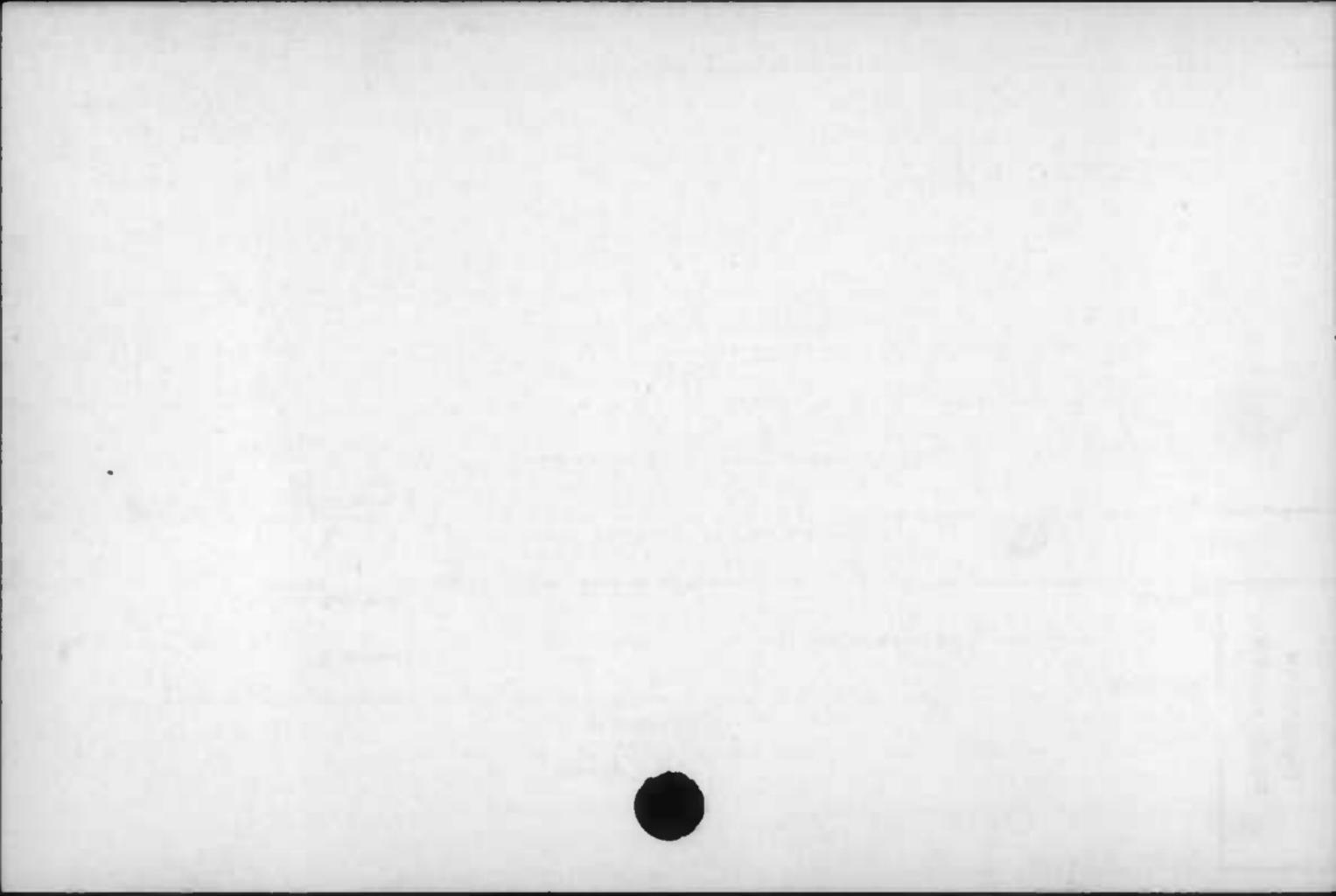
Signature of Physician

Address

D. H. Hung

Baltimore Md.

Accident or Suicide?



Name
in
Full

Sarrie Bucci

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Baculton</u>		Town	County <u>Calvert</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>15</u>	Years <u>28</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Calvert</u>			
Occupation <u>Fanner</u>	Where Residing if not at place of death <u>Mamie Scott</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Llewellyn Bell</u>	Father's Birthplace <u>Calvert Co</u>				
Mother's Maiden Name <u>Lawson</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

27

Primary <u>Pulerculosis</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long

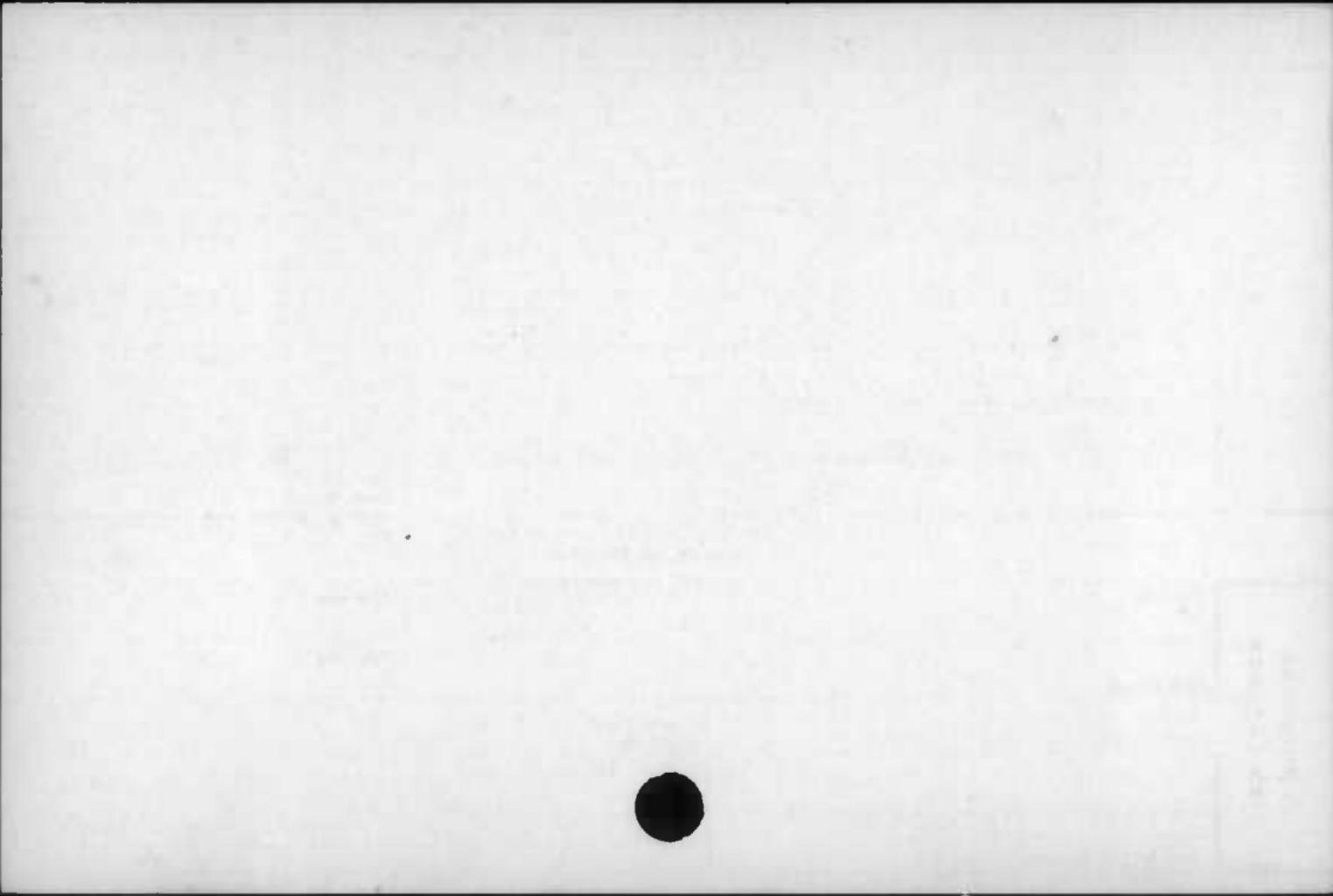
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. S. Murray
Baculton Md.

Accident or Suicide?



Name
in
Full

Sallie Commodore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Parsons Creek Calvert		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1909	Sept	18				14
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Calvert Co	
Father's Name	Sallie Commodore			Mother's Birthplace	Calvert Co	
Mother's Maiden Name	Sadie Commodore			How related to deceased	Calvert Co	
Name of person giving information						

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary
Infection from tooth

How long

Immediate

How long

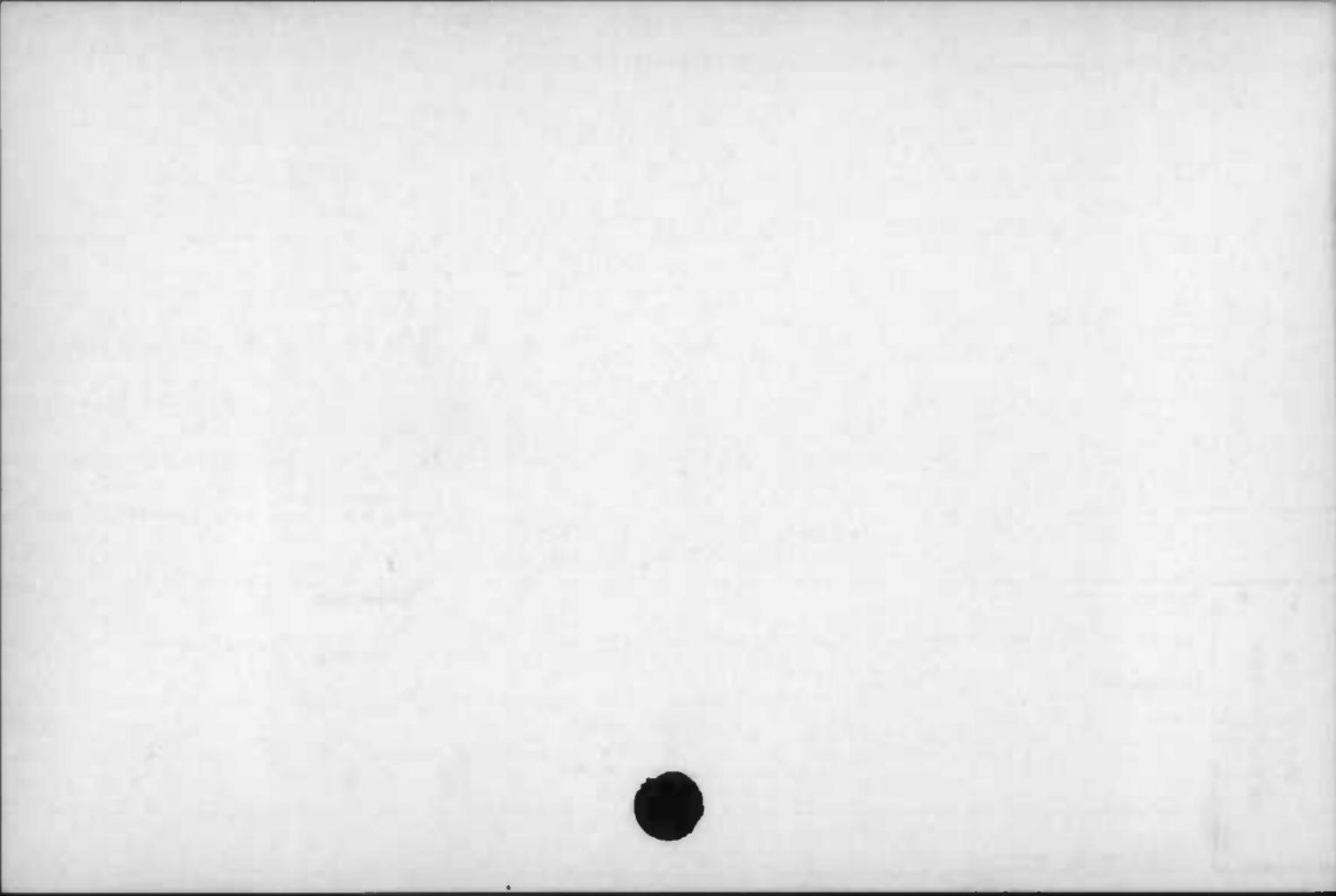
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. King
Barstow Md.

Accident or Suicide?



Name
in
Full

Hannah Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Huntingtown Calvert
Month Day Years Months Days
Date of death 1909 Sept 10 Age 76
Sex Female Color or Race Birth-place
Occupation House Keeper Black Cal. lea.
Married, Single or Widowed Name of Wife or Husband Father's Birthplace
Fether's Name Not Known Peter Gross Not Known
Mother's Maiden Name " " Father's Birthplace
Name of person giving Information Elias Mason How related
Information Grandson

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

General Debility

154

How long

How long

Immediata

yes

Signature of
Physician

Address

J.W. Fitch
Huntingtown
Md

Accident or Suicide



Name
in
Full

Alice Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Deer Park Month County MARYLAND
Date of death 1909 Sept. 26 Years Months Days
Sex Female Color or Race African Birth-place Calvert Co.
Occupation House wife Where Residing if not at place of death Benjamin Hill
Married, Single or Widowed Widow Name of Wife or Husband unknown
Father's Name unknown Father's Birthplace unknown
Mother's Maiden Name unknown Mother's Birthplace " "
Name of person giving Information Jos. G. Scott How related to deceased None

CAUSES OF DEATH

Primary

Mitral dis. of Heart

Immediate

Are the name, age, sex, color, date and place correctly given above?

as far
as I know

Signature of Physician

Address

E. H. Henman
Lo. Marlboro,
Md

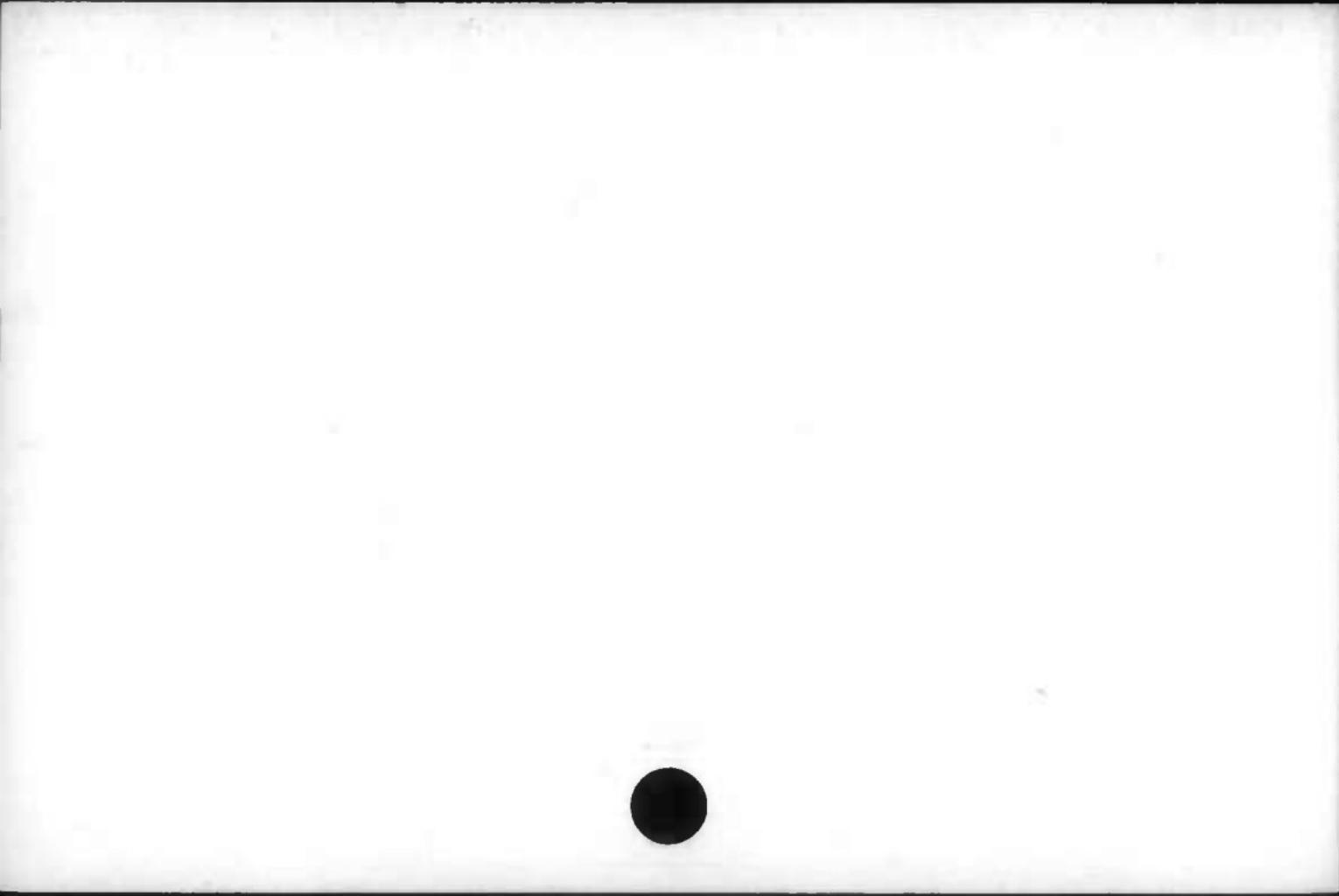
Accident or Suicide

79

How long

How long

6 months



Name
in
Full

William A. King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Mt. Harmony County Calvert

MARYLAND

Died at Mt. Harmony Month September Day 22nd Years 40 Months 9 Days

Date of death 1909 Month September Day 22nd Age 40 Months 9 Days

Sex Male Color or Raca white Birth place R. Leo Co. Md

Occupation Famer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Rosa Lee King

Father's Name James H. King

Father's Birthplace Unknown

Mother's Maiden Name Jones

Mother's Birthplace P.G.C. Md

Name of person giving Information Mrs Susan King

How related to deceased Mother

CAUSES OF DEATH

Primary

Cancer of face

(44)

How long

18 mos

Immediate

L.A. Griffith, Jr. D
Upper Marlboro
Co. of Ward S.R. Med

Are the name, age, sex, color, date and place correctly given above?

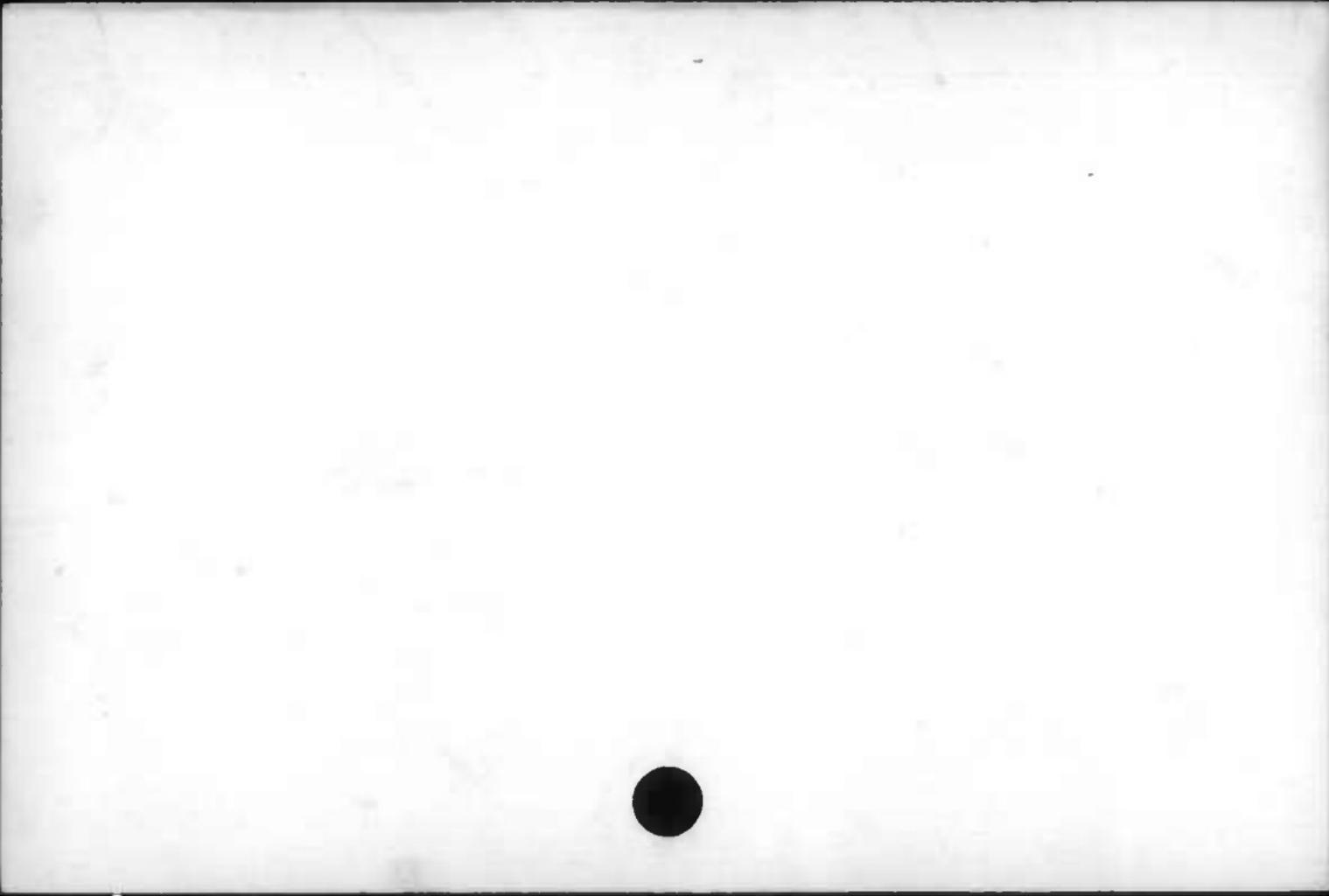
Signature of Physician

Address

BS

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Relyea

Rice

CERTIFICATE OF DEATH

Died at	Owings	Town	County	MARYLAND				
Date of death	1909 Sept	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	Complexion	Birthplace	Calvert Co., Md.			
Occupation	Cooking			Where Residing if not at place of death				
Married, Single or Widowed	Singer	Name of Wife or Husband						
Father's Name	James Rice			Father's Birthplace	Calvert Co., Md.			
Mother's Maiden Name	Sarah, Jane Emerson			Mother's Birthplace	Calvert Co., Md.			
Name of person giving Information	James Rice			How related to deceased	Father			

CAUSES OF DEATH

(1)

Primary	Typhoid Fever	How long	3 weeks
Immediate	Coma	How long	24 hrs.

Are the name, age, sex, color, date and place correctly given above?

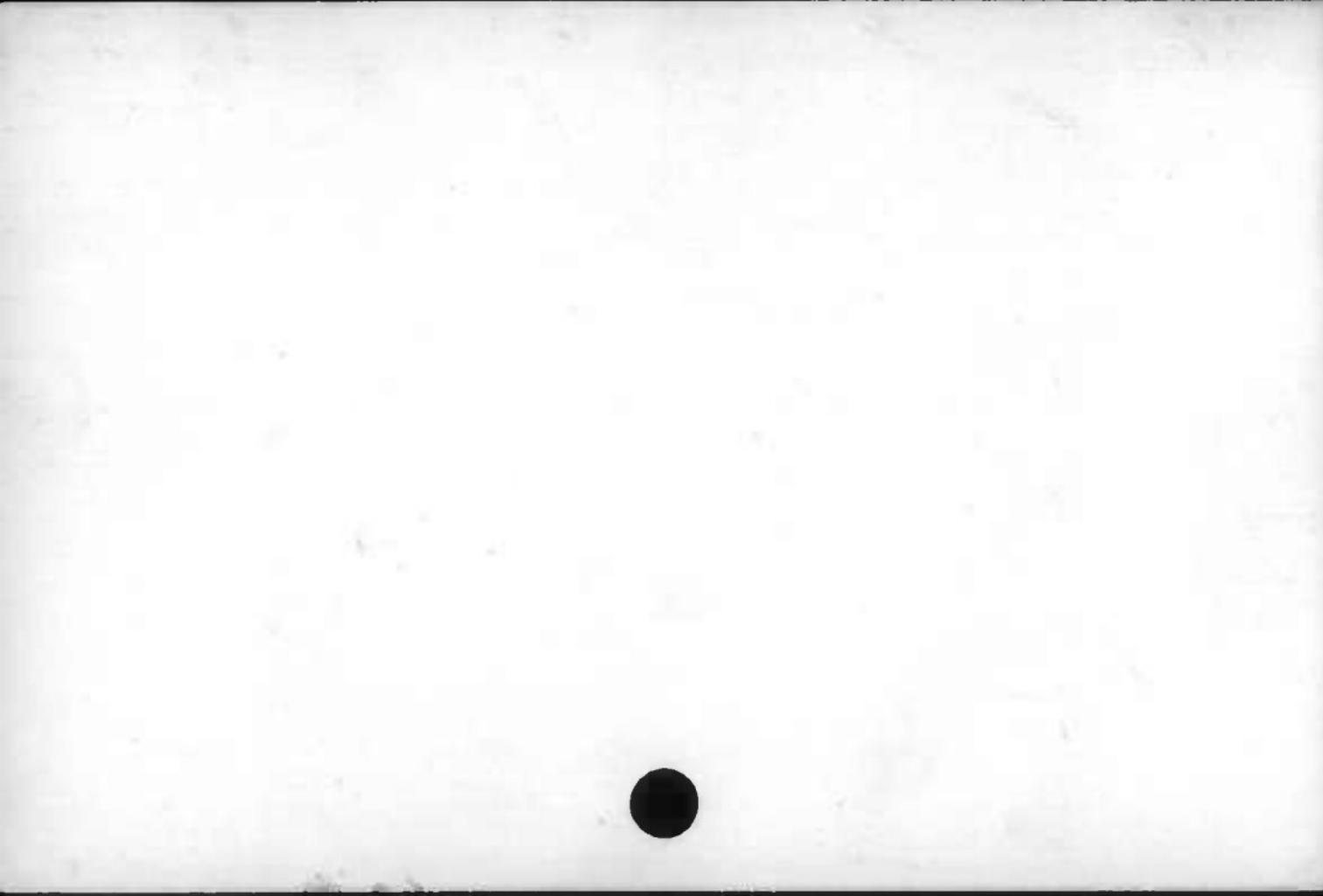
Yes

Signature of Physician

Address

W. H. Cherry, M.D.
Cherry, M.D.

Accident or Suicide



Name
in
Full

William Henry Watts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	16	0	20
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Sollers, Md	
Father's Name	Dooley Watts				
Mother's Maiden Name	Lucie Kelly				
Name of person giving information	Prince Albert Bishop				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis (?)

How long

12 months

Immediate

Asthenia

4 days

Are the name, age, sex, color, date and place correctly given above?

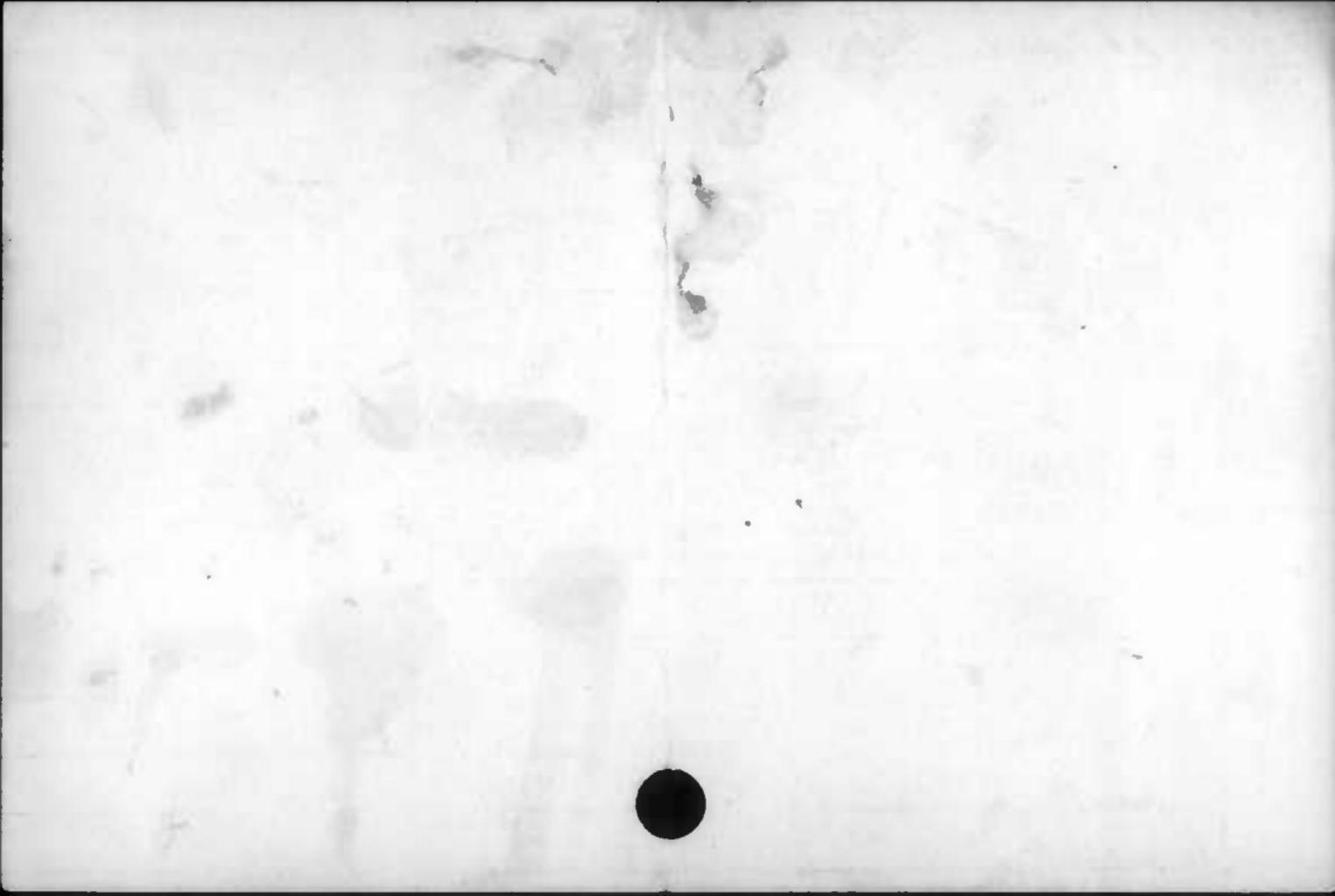
Yes

Signature of Physician

Address

George Peterson
St. Leonard,
Calvert Co., Md.

Accident or Suicide?



Name
in
Full

Halvor W Wroldsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Olivet

Town

County

MARYLAND

Date
of death

1909 Sept

Month

Day

Years

Months

Days

Age

Sex

Male

Color or
Race

White

Birth-
place

Calvert Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Halvor Wroldsen

Father's
Birthplace

Norway

Mother's
Maiden Name

Mary D Hopkins

Mother's
Birthplace

Somerset Co, Md

Name of person giving
Information

Halvor Wroldsen

How related
to deceased

Father

CAUSES OF DEATH

105

How long

from birth

How long

Primary

Enter - Colitis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. F. Chambers,

Address

Lusby, Calvert Co, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

